Center for Health Information and Analysis
General Provider Information

Provider Name:	
Federal Employee ID Number:	
Address1:	
Address2:	
State:	
City:	
Zip Code:	
Main Phone Number:	
Is above information Accurate:	
Provider Type:	
Contact's Extension or Phone:	
Fax:	
Email:	
Report Contact's Name:	
EMS Region:	
Licensure Level:	
Fiscal Year Ending:	
Last Updated:	
Last Updated By:	

General Service Information

I. General Information			
1. Organization Type			
Provider Type:			
Profit Type:			
Hospital Service Type:			
Please select a "Yes" below for all situations that apply, otherwise leave the cell blank.			
2. Level of Services			
a. 911 Emergency Contracts:			
b. Other Emergency:			
Describe Other Emergency Service Type:			
c. Non-Emergency:			
d. ALS:			
e. ALS Other:			
Describe Other Service Type:			
f. BLS:			
g. Chair Car:			
h. Other:			
Describe Other Service Type:			
3. Staffing			
Staffing:			
Describe Other Staffing Type:			
Hours in normal work week:			
4. Hours of Operation	ALS	BLS	Chair Car
a. Days Per Week:			
b. Hours Per Day:			
II. Vehicle Information			
	Avg. No.		
a. Class I:			
b. Class V:			
c. Chair Car:			
d. Other Vehicles (support):			
Report the average number of certified vehicles during the reporting period. (As defined by the Department of Public Health in 105 CMR 170.000)			

Schedule A: Statistical Information

Line	MILEAGE	TOTAL
1	Total Ambulance mileage for the entire fiscal year	
2	Total Chair Car mileage for the entire fiscal year	
3	Total All Other mileage for the entire fiscal year	
4	Total Miles	
Line	**LOADED MILEAGE**	**TOTAL**
1	A0425 - Ambulance Mileage (Loaded Miles only)	
2	S0215 - Chair Car Mileage (Loaded Miles Only)	
3	All Other Loaded Miles	
4	Total Loaded Miles	
Line	**TRANSPORT PROFILE BY TYPE OF SERVICE (No. of Trips)**	**TOTAL**
1	A0426 - ALS 1	
2	A0427 - ALS 1 Emergency	
3	A0428 - BLS	
4	A0429 - BLS Emergency	
5	A0433 - ALS 2	
6	A0434 - Specialty Care Transport	
7a	A0370 - Additional person in emergency (ALS)	
7b	A0370 - Additional person in emergency (BLS)	
8	A0130 - Chair Car	
9	A130-TK - Chair Car, each additional person	
10	All Other Transports (Please Describe Below)	
11	Total Number of Transports	

		1	2	3	4	5	6	7	8	9	10	11	12
Line	EMPLOYEE CATEGORY	TOTAL FTE	TOTAL DOLLARS	ADMIN FTE	ADMIN DOLLARS	ALS FTE	ALS DOLLARS	BLS FTE	BLS DOLLARS	CHAIR CAR FTE	CHAIR CAR DOLLARS	OTHER SERVICES FTE	OTHER SERVICES DOLLARS
1	Executive Officer(s)												
2	Fiscal Officer(s)												
3	Billing/Collection												
4	Clerical/Support												
5	Communications Personnel (Call takers, dispatchers												
6	Maintenance Staff												
7	Other Admin. Staff												
8	TOTAL ADMINISTRATIVE STAFF(Sum L1 to L7)												
9	EMT - Basic												
10	EMT - Intermediate												
11	EMT - Paramedic												
12	Driver-Attendant (Chair Car)												
13	Operations/Field Supervisors												
14	Clinical Training/Medical Director												
15	TOTAL DIRECT SERVICE STAFF (Sum L9 to L14)												
16	TOTAL EMPLOYEE FTE/SALARY & WAGES (L8 + L15)												

		1	2	3	4	5	6	7
Line	EXPENSE CATEGORY	TOTAL	ADMIN	ADVANCED LIFE SUPPORT	BASIC LIFE SUPPORT	CHAIR CAR	OTHER SERVICES	EXPENSES NOT DIRECTLY ALLOCABLE
1	Leasing Expense							
2	Vehicle Insurance							
3	Interest Expense							
4	Vehicle Depreciation							
5	Repairs and Maintenance							
6	Gas, Oil and other Vehicle Related Fluids							
7	Taxes (Includes Excise and Sales)							
8	Vehicle Licenses and Registrations							
9	Tolls							
10	Other (Please Describe Below)							
11	TOTAL VEHICLE OPERATING EXPENSES (Sum L1 to L10)							
	ALLOCATION OF VEHICLE OPERATING EXPENSES							
12	Unallocated Expenses (L11, Column 2 + L11, Column 7)							
13	Allocation based on number of transports (table below)							
14	Directly Allocated Operating Expenses(L11)							
15	TOTAL VEHICLE EXPENSES (TO Sch F, L8)							

Note: Expenditures should be directly allocated to the cost center to which they apply. If insufficient detail is maintained to permit direct allocation, these costs should be reported in Column 7 and then allocated on the basis of transports as indicated below.

Line	TRANSPORT CATEGORY	Transports	Percent (%) of Total Transports
16	Advanced Life Support (FROM Sch A, ALS)		
17	Basic Life Support (FROM Sch A, BLS)		
18	Chair Car (FROM Sch A, Chair Car)		
19	Other Programs (FROM Sch A, Other Programs)		
20	TOTAL		

Center for Health Information and Analysis
Schedule D: Occupancy Expense

		1	2	3	4	5	6	7
Line	**EXPENSE CATEGORY**	**TOTAL**	**ADMIN**	**ADVANCED LIFE SUPPORT**	**BASIC LIFE SUPPORT**	**CHAIR CAR**	**OTHER SERVICES**	**EXPENSES NOT DIRECTLY ALLOCABLE**
1	Rent							
2	Mortgage Interest							
3	Depreciation (Building)							
4	Depreciation (Equipment)							
5	Repairs and Maintenance (Building)							
6	Property Tax							
7	Insurance (Building and Equipment)							
8	Utilities							
9	Donated Space							
10	Other (Please Describe Below)							
11	TOTAL OCCUPANCY EXPENSES (Sum L1 to L10)							
	ALLOCATION OF OCCUPANCY EXPENSES							
12	Unallocated Expenses (L11, Column 7)							
13	Allocation based on square footage (table below)							
14	Directly Allocated Occupancy Expenses (L11)							
15	TOTAL OCCUPANCY EXPENSES (TO Sch F, L9)							

Note: Expenditures should be directly allocated to the cost center to which they apply. If insufficient detail is maintained to permit direct allocation, these costs should be reported in Column 7 and then allocated on the basis of square footage as indicated below.

Line	OCCUPANCY CATEGORY	Square Footage	Percent (%) of Total Square Footage
16	Administration		
17	Advanced Life Support		
18	Basic Life Support		
19	Chair Car		
20	Other Programs (Please Describe Below)		
21	Total		

		1	2	3	4	5
Line	EXPENSE CATEGORY	TOTAL	ADVANCED LIFE SUPPORT	BASIC LIFE SUPPORT	CHAIR CAR	OTHER SERVICES
1	Self-Pay / Private Pay					
2	Medicare					
3	Medicaid					
4	Commercial (Blue Cross, HMO, Other Third Party)					
5	Contracts (PPS, DRG or Other)					
6	Municipal Subsidy					
7	All Other Payers					
8	TOTAL OPERATING REVENUE (Sum L1 to L7)					
9	Unrestricted Government Grants					
10	Unrestricted Private Sources					
11	Unrestricted Donated Services					
12	Unrestricted Donations (other than cash gifts)					
13	Unrestricted Cash Gifts					
14	Unrestricted Other (Please Describe Below)					
15	TOTAL UNRESTRICTED GRANTS,GIFTS,DONATIONS (Sum L9 to L14)					
16	Restricted Government Grants					
17	Restricted Private Sources					
18	Restricted Donated Services					
19	Restricted Donations (other than cash gifts)					
20	Restricted Cash Gifts					
21	Restricted Other (Please Describe Below)					
22	TOTAL RESTRICTED GRANTS,GIFTS,DONATIONS (Sum L16 to L21)					
23	Non-Operating Income (Please describe below)					
24	TOTAL OTHER INCOME (L23)					
25	TOTAL REVENUE FROM ALL SOURCES (Sum L8+L15+L22+L24)					

		1	2	3	4	5	6
Line	EXPENSE CATEGORY	TOTAL	ADMIN	ADVANCED LIFE SUPPORT	BASIC LIFE SUPPORT	CHAIR CAR	OTHER SERVICES
1	Administrative Staff Salary/Wages (From Sch B, L8)						
2	Direct Service Staff Salary/Wages (From Sch B, L15)						
3	TOTAL SALARY/WAGES (L1 + L2)						
4	Payroll Taxes						
5	Non-Salary Related Benefits						
6	Retirement Plan						
7	TOTAL EMPLOYEE COMP.& RELATED EXP.(Sum L4 to L6)						
8	Total Vehicle Expenses (From Sch C, L15)						
9	Total Occupancy Expenses (From Sch D, L15)						
10	Subcontracted Staff						
11	Staff Training						
12	Medicine/Pharmacy						
13	Medical Supplies and Equipment						
14	Communications Equipment						
15	Laundry, Uniform Expense						
16	Marketing/Development						
17	Donations						
18	Travel/Entertainment						
19	Meals						
20	Collection Fees						
21	Public Relations						
22	Penalties and Late Charges						
23	Other (Please Describe Below)						
24	TOTAL DIRECT ALLOCABLE EXPENSES (Sum L8 to L23)						
25	Municipal Allocation for Administrative Expenses -						
26	Office Supplies, Postage, Printing						
27	Insurance						
28	Interest (other than vehicle and mortgage)						
29	Computer and Other Equipment						

Center for Health Information and Analysis
Schedule F: Expense

		1	2	3	4	5	6
Line	EXPENSE CATEGORY	TOTAL	ADMIN	ADVANCED LIFE SUPPORT	BASIC LIFE SUPPORT	CHAIR CAR	OTHER SERVICES
30	Legal Fees						
31	Accounting Fees						
32	Accounting/Bookkeeping						
33	Payroll Service						
34	Billing Service						
35	Business Planning						
36	Lobbying						
37	Medical Director						
38	Information Systems						
39	Other Professional Fees (Please Describe Below)						
40	Income Taxes						
41	Bad Debt Expense						
42	Parent Organization Expense						
43	Dues/Subscriptions						
44	Telephone/Internet						
45	Subcontractors						
46	Other (Please Describe Below)						
47	TOTAL GENERAL ADMINISTRATIVE EXPENSE (Sum L25 to L46)						
48	Directly Allocated Expenses (L3 + L7 + L24)						
49	General Administrative Expense (Column 2, L47 + L48)						
50	Allocation of Administrative Expense						
51	TOTAL EXPENSE						
52	TOTAL REVENUE (FROM Sch E, L25)						
53	EXCESS OF REVENUE OVER EXPENSES (L52 - L51)						

ACCURACY OF REPORT

CERTIFICATION BY PROVIDER

I declare and affirm under the penalties of perjury that this report has been examined by me, and to the best of my knowledge and belief, is a true and correct statement. This report is subject to audit and verification by the Center for Health Information and Analysis.

By checking the box below I hereby certify that I am authorized by the provider to submit this information.

Signature of authorized Submitter:	
Date of Submission (MO/DA/YR):	
Submitter's acknowledgement:	